

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 21-R-0043  
CUSTOMER NUMBER: 315

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
( TYPE OR PRINT )

State University Of New York  
College Of Plattsburgh  
101 Broad St 812 Kehoe Building  
Plattsburgh, NY 12901

OCT 28 2005

Telephone: (518) -564-2195

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

A.  Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F.  TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
<u>Chinchillas</u>				111	111

**ASSURANCE STATEMENTS**

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and an Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

DATE SIGNED

*10/26/05*

(b)(6), (b)(7)c

### Column E Explanation

This form is intended as an aid to completing the Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

OCT 28 2005

1. Registration Number: 21-R-0043

2. Number 111 of animals used in this study.

3. Species (common name) Chinchilla of animals used in the study.

4. Explain the procedure producing pain and/or distress.

During acute noise exposures, each animal is completely restrained in a specially designed holder (Hargett, 1986) to prevent head and body movement which ensures the correct angle of incidence of the acoustic wave front to the animal's ear canal. The maximum duration of restraint in the acute exposures for each animal is less than two hours. Animals are not restrained during chronic exposures (6 to 24 hours per day) and are housed in standard animal cages (12.5" W x 16" L x 12.5" H) within the exposure room with food and water freely available.

5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results. (For Federally mandated testing, see Item 6 below) After thorough and continued review, the IACUC states that during the actual experimentation the animals are not administered anesthetic, analgesic, or tranquilizing drugs as such administration would have an adverse affect on the testing procedures immediately following the experimental protocols. The noise exposures are not painful and are less severe than unprotected exposures experienced by military personnel (acute exposures) or by industrial workers (long-term exposures). Furthermore, anesthetic or analgesic agents with anesthetic effects will interfere with audiometric testing immediately following exposure. There is evidence that anesthetic or analgesic agents may significantly alter the response of the middle-ear reflex system to high-level stimulation (Price, 1999).

6. What, if any, federal regulations require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102):

N/A

Agency \_\_\_\_\_ CFR \_\_\_\_\_

OCT 23 2005

FACILITY SITES LISTING

Licensee/Registrant Name: (b)(2)High, (b)(7)f \_\_\_\_\_

License/Registration Number: 21-R-0043 \_\_\_\_\_

Please list below all sites that house regulated animals under the above number. Be sure to include all requested information. If the line does not apply, please mark it N/A. If you have more than three (3) sites copy this form as many times as needed before filling in the sites.

Site No.: 1 Name/Department: \_\_\_\_\_

Address: \_\_\_\_\_

(b)(2)High, (b)(7)f \_\_\_\_\_

Building: \_\_\_\_\_

Floor/Room: \_\_\_\_\_

Contact Person: (b)(6), (b)(7)c Phone No.: (b)(2)High, (b)(7)f \_\_\_\_\_

Site No.: \_\_\_\_\_ Name/Department: \_\_\_\_\_

Address: \_\_\_\_\_

Building: \_\_\_\_\_

Floor/Room: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Site No.: \_\_\_\_\_ Name/Department: \_\_\_\_\_

Address: \_\_\_\_\_

Building: \_\_\_\_\_

Floor/Room: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_